

Department of Health Services  
Maternal and Child Health Branch

Adolescent Family Life Program &  
Adolescent Sibling Pregnancy Prevention Program

### AFLP/ASPPP

Quarterly Report Cover Sheet

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Submit Original and two copies to:

Maternal and Child Health Branch  
1615 Capitol Avenue, MS 8305  
P. O. Box 997413  
Sacramento, CA 95899-7413

Agency: \_\_\_\_\_

Grant/Allocation No: \_\_\_\_\_

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**In compliance with the AFLP/ASPPP Scope of Work, submission of the following items is required each year of the grant/allocation period. Please use this cover sheet when submitting the deliverables identified below. Send to MCH under SEPARATE cover from the Semi-Annual Progress Reports.**

AFLP Goal 2, Objective 1:

ASPPP Goal 2, Objective 1:

AFLP/ASPPP Grantee/Agency will submit the Caseload Analysis Report and Months of Service Report to MCH. *Please submit for the quarter only, not year to date.*

\_\_\_\_\_ First quarter  
(7/1/2000-9/30/200\_)

\_\_\_\_\_ Second quarter  
(10/1/200\_-12/31/200\_)

\_\_\_\_\_ Third quarter  
(1/1/200\_-3/31/200\_)

\_\_\_\_\_ Fourth quarter  
(4/1/200\_- 6/30/200\_)

AFLP Goal 2, Objective 3

ASPPP Goal 2, Objective 3:

AFLP/ASPPP Grantee/Agency will provide current personnel and FTE list (personnel vacancies and new hires) on Form 6 and submit to MCH. *Please submit for the quarter only, not year to date.*

\_\_\_\_\_ First quarter  
(7/1/2000-9/30/200\_)

\_\_\_\_\_ Second quarter  
(10/1/200\_-12/31/200\_)

\_\_\_\_\_ Third quarter  
(1/1/200\_-3/31/200\_)

\_\_\_\_\_ Fourth quarter  
(4/1/200\_- 6/30/200\_)